

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)

SERIAL NO. **10/049491** | FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	1	1			
12	1	1			
13	1	1			
14	1	1			
15	4	1			
16	4	1			
17	15	1			
18	18	1			
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50					
TOTAL IND.		3			
TOTAL DEP.		15			
TOTAL CLM		18			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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